

Congressman Blumenauer is a strong supporter of Medicare and has continually opposed Republican legislation that would diminish Medicare benefits. As our employer-based health insurance system continues to crumble and more seniors depend on Medicare as their only source for health care coverage, maintaining a robust Medicare program has never been more important.

As a member of the Committee on Ways and Means, Congressman Blumenauer has been working on Medicare reform to tackle the perverse incentives that have led to geographic disparities in health care utilization. Oregon is a model for low-cost, efficient care and can be a model for the country in achieving high-quality, efficient, patient-centered health care.

End of Life Care

In the 111th Congress Congressman Blumenauer introduced the Life Sustaining Treatment Preferences Act to help patients receiving Medicare support access more information regarding end of life decisions. Advances in healthcare have led to an aging population facing increasingly complex end of life health care decisions. Too often, families aren't confronted with these decisions until a crisis occurs, resulting in inadequate planning, unknown patient preferences, and families left struggling with the burden of determining their loved ones' wishes.

In response to this need, communities began developing programs in the early 1990s to facilitate the use of orders for life sustaining treatment which help seriously ill patients identify their treatment preferences using a clear, standardized template. Written as actionable medical orders and signed by a physician, these forms help communicate patient preference regarding intensity of medical intervention, transfers to the hospital, use of antibiotics, artificially administered nutrition, and resuscitation.

To be effective, advance care plans must ensure that treatment preferences are elicited and presented in a way that is recognized and respected by the health care community – orders for life sustaining treatment programs do just that. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, enhancing the authorized transfer of patient records between facilities, clarifying treatment intentions and minimizing confusion, reducing repetitive activities in complying with the Patient Self Determination Act, and facilitating appropriate treatment by emergency personnel.

While Medicare currently pays for acute care services provided to beneficiaries, it does not specifically recognize the important benefit of informed discussions between patients and their

health provider about care preferences for their last months and years of life. The Life Sustaining Treatment Preferences Act provides coverage under Medicare for consultations regarding orders for life sustaining treatment. These discussions add quality and value to patient care, but they often require significant time, proper training, and great delicacy, which merit compensation through Medicare.